



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
DATAMASTER MAINTENANCE REPORT

BREATH ALCOHOL PROGRAM

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; retain original in department file. JUN - 9 2009

| | | |
|----------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| DATAMASTER SN <u>201306</u> | MISS. STATE <u>MO</u> | DATE OF INSPECTION <u>6-2-09</u> |
| LOCATION OF INSTRUMENT (STREET AND CITY) <u>2620 W. BATTLEFIELD, SPRINGFIELD MO 65807</u> | | TIME OF INSPECTION <u>1045</u> |

CHECKLIST: Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED) | |
| <input checked="" type="checkbox"/> COMPUTER | <input checked="" type="checkbox"/> DETECTOR |
| <input checked="" type="checkbox"/> PROGRAM | <input checked="" type="checkbox"/> FILTERS |
| <input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER <u>49</u> °C | <input checked="" type="checkbox"/> QUARTZ STANDARD |
| <input checked="" type="checkbox"/> FLOW DETECTOR | <input checked="" type="checkbox"/> CALIBRATION |
| <input checked="" type="checkbox"/> PUMP HIGH SPEED | <input checked="" type="checkbox"/> PRINTER |
| <input checked="" type="checkbox"/> INDICATOR LIGHTS | |
| <input checked="" type="checkbox"/> TIME AND DATE <u>1045 / 6-2-09</u> | |
| <input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34 °C ± 0.2°C) <u>34°C</u> | |
| <input checked="" type="checkbox"/> CALIBRATION CHECK - Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) (USE RECIRCULATION PUMP) <input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE <input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) | |

| | | |
|----------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| TEST 1 <input checked="" type="checkbox"/> . <u>100%</u> | TEST 2 <input checked="" type="checkbox"/> . <u>102%</u> | TEST 3 <input checked="" type="checkbox"/> . <u>101%</u> |
|----------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|

| | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------|--------------------|--------------------|---------------------|
| <input checked="" type="checkbox"/> PERFORM R.F.I. TEST (PRINTOUT ATTACHED) | | | | | |
| <input checked="" type="checkbox"/> NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS) | | | | | |
| REFUSALS <u>0</u> | (0-.04) <u>1</u> | (.05-.09) <u>1</u> | (.10-.14) <u>0</u> | (.15-.19) <u>0</u> | (Over .19) <u>0</u> |

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary)

MEETS ALL DPH STANDARDS, REPCO .100% SOLUTION
LOT # 08002, EXPIRES 10-13-2010

| | |
|------------------------------------------------------------------|-------------------------------------------|
| INSPECTING OFFICER | |
| SIGNATURE | PRINT NAME <u>SHAWN CLAWSON</u> |
| TYPE II PERMIT NUMBER/EXPIRATION DATE <u>820216 / 7-23-10</u> | TELEPHONE NUMBER <u>(417) 864-1810</u> |

CERTIFICATE OF ANALYSIS

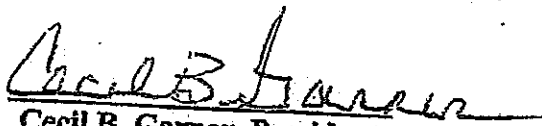
Random samples of lot number 08002 of Alcohol Certified Solution for simulator were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1209 gms/dl wt. /vol. ethyl alcohol.

The alcohol and distilled water used in the solution were found to be free of any interfering substance.

When used in a calibrated simulator, operating at 34 c +/- .2 c, this solution will give an alcohol breath test instrument reading of .100 percent BAC +/- 2% or .002 BAC (whichever is greater).

The expiration date for this lot number is October 13, 2010 at 11:59PM.

This document is a true representation of the original Certificate of Analysis.


Cecil B. Garner, President
RepCo Marketing, Inc.

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

SPRINGFIELD POLICE DEPT
BAC DATAMASTER SERIAL NUMBER 201306
06/02/09
10:45

---- DIAGNOSTIC CHECK ----

COMPUTER: OKAY
PROGRAM: OKAY
HEATERS
SAMPLE CHAMBER: 49c
FLOW DETECTOR: OKAY
PUMP
HIGH SPEED: OKAY
DETECTOR: OKAY
FILTERS: OKAY
QUARTZ STANDARD: OKAY
CALIBRATION: OKAY

PRINTER TEST

!"#\$%&'()*+,-./0123456789:;<=>?@ABCDEFGHIJ
KLMNOPQRSTUVWXYZ[\]^_`abcdefghijklmnopqrstuvwxyz{|}~
^_`abcdefghijklmnopqrstuvwxyz{|}~

Operator Signature

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

SPRINGFIELD POLICE DEPT
BAC DATAMASTER SERIAL NUMBER 201306
06/02/09

TESTING OFFICER:
CLAWSON
OFFICER I.D.: 1226
PERMIT NUMBER: 820216
EXPIRATION DATE: 07/23/10
MISCELLANEOUS DATA:
CAL CHECK

---- SUPERVISOR MODE ----

| | | |
|-------------------|----------|-------|
| BLANK TEST | .000 | 10:54 |
| INTERNAL STANDARD | VERIFIED | 10:54 |
| EXTERNAL STANDARD | .100 | 10:54 |
| BLANK TEST | .000 | 10:55 |
| EXTERNAL STANDARD | .102 | 10:55 |
| BLANK TEST | .000 | 10:56 |
| EXTERNAL STANDARD | .101 | 10:56 |
| BLANK TEST | .000 | 10:57 |

N = 3
SIM. = .1
AVG. = .101

Operator Signature

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

SPRINGFIELD POLICE DEPT
BAC DATAMASTER SERIAL NUMBER 201306
06/02/09

ARREST TIME: 10:00

SUBJECT NAME:

RFI/TEST

DOB: 11/11/11 SEX: M

STATE/D.L.: MO/123456789

ARRESTING OFFICER:

CLAWSON

OFFICER I.D.: 1226

TESTING OFFICER:

CLAWSON

OFFICER I.D.: 1226

PERMIT NUMBER: 820216

EXPIRATION DATE: 07/23/10

MISCELLANEOUS DATA:

RFI TEST

--- BREATH ANALYSIS ---

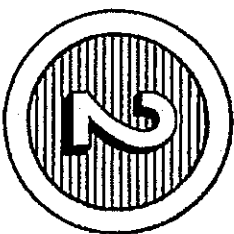
RADIO INTERFERENCE

Operator Signature



2208-02

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



SHAWN CLAWSON

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER;INTOXILYZER 5000

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

07/23/08

Date

820216

Number

07/23/2010

Expires

MO 580-0771 (7-86)

W. C. Beal

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-86)